Green Gables Care Limited

Green Gables

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Green Gables is a residential care home providing accommodation and personal care to 17 people aged 65 and over at the time of the inspection. The service can support up to 18 people. The premises were built over two floors, with all the communal areas located on the ground floor.

People's experience of using this service and what we found
People were supported receive their medicines. However, where people were prescribed medicated creams, staff did not always record they had given these on the medicine administration record and we have made a recommendation about this.

Procedures were in place to help protect people from the risk of abuse and staff understood their responsibility with regard to safeguarding people. Risk assessments were in place which provided guidance about how to support people in a safe way. There were enough staff working at the service to meet people's needs and robust staff recruitment practices were in place. The service sought to learn lessons when accidents and incidents occurred. Steps had been taken to protect people from the risk of infection.

People's needs were assessed before they commenced using the service to ensure those needs could be met. Staff received training and supervision to support them in carrying out their role effectively. The design and layout of the building was suitable for the people using it. People had a choice of what they ate and drank. The service worked with other agencies and professionals to support people's health care needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us staff were kind and caring and treated them respectfully. Staff had a good understanding of how to promote people's privacy, dignity and independence. The provider sought to meet people's needs in relation to equality and diversity.

Care plans were in place which set out how to meet people's needs. People and their relatives were involved in developing these plans. People had access to a range of social and leisure activities and we saw people enjoying these on the day of our inspection. Complaints procedures were in place. Steps had been taken to make communication with people accessible to them. The service worked with people to meet their end of life care needs.

Quality assurance and monitoring systems were in place to help drive improvements at the service. Some of these included seeking the views of people who used the service and others. The service had links with other agencies to help develop best practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (published 3 May 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Green Gables

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector.

Service and service type
Green Gables is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
Before the inspection we reviewed the information we already held about this service. This included details of its registration, previous inspection reports and notifications of any serious incidents the provider had sent us. We contacted the commissioning local authority to seek their views. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with six people who used the service and three relatives about their experience of the care

provided. We spoke with eight members of staff including the provider, registered manager, deputy manager, two senior care workers, two care workers and the cook. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

● Medicines were stored securely in locked medicine cabinets in a locked treatment room. The service held a supply of controlled drugs and we saw these were managed in line with legislation and best practice. Staff undertook training about medicines, which included an assessment of their competence, before they were able to administer medicines.

● Medicine administration records [MAR] were maintained. These contained the details of the medicine to be administered, and staff signed these to indicate the medicine had been given. Some people had been prescribed creams. Although there were MAR charts in place for these, staff did not always sign them. Daily records completed by staff showed the medicine had been given. The registered manager told us they were aware that not all staff signed the creams MAR charts. We saw this item was on the agenda for a forthcoming staff meeting.

We recommend that the provider takes all appropriate steps to ensure that all medicines administered are signed for on MAR charts.

Systems and processes to safeguard people from the risk of abuse

● Systems were in place to protect people from the risk of abuse and people told us they felt safe using the service. There was a safeguarding adult's procedure which made clear the provider had a responsibility to report any allegations of abuse to the local authority and the Care Quality Commission. Allegations of abuse had been dealt with in line with the procedure. Staff had undertaken training about safeguarding adults and were knowledgeable about the subject and their responsibilities.

● The service held money on behalf of people. This was stored in a locked cabinet and only the registered manager and deputy manager had access to it. Records and receipts were kept of any financial transactions. The money was regularly checked by both senior staff at the service, although only the registered manager signed to say it had been checked. We discussed this with the registered manager who said in future they wold ensure both staff who checked the money signed for it, in the interests of accountability.

Assessing risk, safety monitoring and management

● Risk assessments were in place which set out how to support people in a safe way. Assessments covered risks associated with falling, moving and handling, choking, medicines, skin integrity and nutrition. They included details of the risk and guidance abut how to mitigate it.

● We saw risk assessments were followed by staff. For example, where the risk assessments for people stated that their weight and fluid intake needed to be recorded, this was done. However, for some people who required regular turning to protect their skin integrity, the assessments did not make clear how frequently the person should be turned. We discussed this with the registered manager who told us they

would update risk assessments to include this detail.
● Checks were carried out to help ensure the premises and equipment used were safe. These included fire safety checks and ensuring that hoists were regularly serviced by a qualified person.

Staffing and recruitment
● People told us there were enough staff to meet their needs and that they did not have to wait very long when they needed support. One person said staff came, "Within a few minutes, I never had to wait a long time." Staff told us they thought there were enough staff working at the service and that they had time to carry out all their duties. We observed staff were able to provide appropriate support and attend to people promptly during the inspection.
● Checks were carried out on prospective staff prior to them commencing work at the service. These included employment references, proof of identification, a record of previous employment and criminal record checks. This meant the provider had taken steps to help ensure suitable staff were employed.

Preventing and controlling infection
● Systems were in place to reduce the risk of the spread of infection. Cleaning stations were situated around the premises so that cleaning equipment was used only in specific areas. Hand gel dispensers were located throughout the building and staff were expected to wear protective clothing, such as gloves and aprons, when providing support with personal care.

Learning lessons when things go wrong
● Lessons were learnt when things went wrong. All accidents and incidents were recorded. These were reviewed by senior staff to see what action could be taken to prevent further such incidents occurring. For example, in relation to a fall, a person's risk assessment had been reviewed and they had been referred to a relevant health care professional.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- After receiving an initial referral, a senior member of staff met with the person, and where appropriate, their relative, to carry out an assessment of their needs. This was to determine what those needs were and if the service was able to meet them. The registered manager told us on occasions they declined to take a person because they were unable to meet their needs, for example, in relation to mobility.
- Assessments covered needs in relation to mobility, eating and drinking, personal care, medicines and health and wellbeing. They were carried out in line with good practice guidance and the law. For example, they covered needs related to equality and diversity, such as the person's religion and ethnicity.
- People told us they received effective care. One person said, "It's very good. Everything is excellent."

Staff support: induction, training, skills and experience

- Staff told us they received support, supervision and training to help them in their role. New staff undertook an induction programme which included training and shadowing experienced staff. The registered manager told us that all staff were completing the Care Certificate, which is a nationally recognised care qualification.
- Training records showed staff undertook training in, amongst other subjects, medicines, safeguarding adults, the Mental Capacity Act and Deprivation of Liberty Safeguards, dementia care and food hygiene. However, the training matrix showed that not all staff were up to date with all training they were expected to complete. We saw the registered manager had written to each member of staff who was behind with their training. This letter explained that they had to get up to date with all required training by the end of December 2019 or face possible disciplinary action. This would help ensure people received care from staff who were suitably trained.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough and had a choice about what they ate. Menu's showed that food reflected people's culture and that a vegetarian meal option was always one of the choices offered. People told us they liked the food. One person said, "We have a choice, it is ok."
- Risk assessments were in place relating to food and drink and people's weight was routinely checked. Where there were concerns, referrals were made to relevant health care professionals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us that they had access to health care professionals and the provider arranged appointments for them. One person said, "They do that" when asked if medical appointments were arranged for them. Records showed people had access to healthcare professionals including GPs, opticians, dentists, district

nurses and speech and language therapists.

Adapting service, design, decoration to meet people's needs
● Parts of the premises had been adapted to help make them accessible to people. Handrails were situated around the building, including in bathrooms. The garden was accessible to people who used a wheelchair. The first floor was connected to the ground floor by a stair lift. Although not everybody was able to use this, the registered manager told us people who were unable to use the stairs, or the stair lift had bedrooms on the ground floor. This meant all communal areas were accessible to people.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● Where necessary, DoLS authorisations were in place to restrict people's freedoms, if they lacked capacity and it was deemed to be in their best interests. The provider had notified the Care Quality Commission of any DoLS authorisations, in line with their legal responsibility to do so.
● Mental capacity assessments had been carried out and best interest decisions taken. These involved relevant people including family and professionals working with the person. Staff had undertaken training about mental capacity and understood the importance of supporting people to make choices and to be able to consent to the care they received. One person told us, "They take notice of what you say."

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and in a caring way. We saw that staff interacted with people in a respectful and friendly manner. People told us staff were caring. One person said, "I always find them [staff] all right." A relative told us, "They [staff] are lovely."
- The service sought to meet people's needs in relation to equality and diversity. Staff had undertaken training on this and various policies and procedures were in place to provide guidance.
- Care plans included information in relation to equality and diversity, for example, about people's ethnicity and religion. Where people had needs in relation to this, the service met them. For example, food was reflective of people's culture and representatives of various religions visited the service. A relative told us, "When the music man [a visiting professional entertainer] comes in they come [to person's bedroom] and sing songs to them. [Person] is quite religious and they sing religious songs."

Supporting people to express their views and be involved in making decisions about their care

- People were able to be involved in planning their care and making decisions. They were involved in their initial assessment, the developing of their care plans and subsequent care plan reviews and had signed the care plans to indicate their agreement with it. Where appropriate, relatives were also involved in developing and reviewing care plans.
- Staff told us they supported people to make choices, for example about what to wear and people confirmed they were able to make choices about their care. We observed people being offered choices on the day of inspection. For example, lunch was a take away meal that people had chosen, and a Christmas film was shown which people chose.
- People had their own bedrooms, some of which were ensuite. They were able to personalise them to their own personal tastes, for example with family photographs and items of religious iconography.

Respecting and promoting people's privacy, dignity and independence

- Staff were aware of the importance of promoting people's privacy, dignity and independence, and told us how they did this. One staff member said, "First of all I ask if it is OK for me to give personal care. People have a choice of male or female carer." Another member of staff told us, "I always make sure the doors and curtains are closed. I tend to talk a lot. I know I would feel more comfortable if someone was engaging with me."
- Care plans made clear that staff should respect people's independence and provided personalised guidance about how to do this. For example, the care plan for one person stated, "Once in the bath, I would like the carer to hand me the flannel with shower gel on it and will wash my face, front, arms and private

area."

● The provider had a policy on confidentiality and staff signed confidentiality agreements. They understood the importance of protecting people's right to privacy. Confidential records were stored securely on password protected electronic devices or locked cabinets.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were in place for people. These were of a good standard. They contained detailed and personalised information about how to meet the needs of individuals. Care plans covered needs associated with personal care, medicines, moving and handling, social and leisure activities and eating and drinking. They also included information about people's likes and dislikes which helped staff to get to know the person.
- People were involved in developing their care plans. A relative told us, "They asked [person] questions about their life and what they would like. That was good."
- Care plans were subject to monthly review. This meant they were able to reflect people's needs as they changed over time. Daily records were also maintained so that it was possible to monitor that support given was in line with the person's assessed needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their careers.

- Care plans covered people's communication needs and provided guidance on how best to communicate with individuals. Staff were aware of how different people communicated, including through the use of body language and facial expressions. All people using the service at the time of inspection spoke English as a first language. This helped staff to communicate with them.
- Information was produced in formats that was accessible to people, for example in large print and pictorial format.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships. We spoke with visiting relatives during the inspection and all said they were made very welcome. We observed a person maintaining contact with their family by phone during the inspection.
- The provider supported people with a range of activities. People were involved in choosing these. On the day of inspection there was a Christmas film plus a take away meal activity. Records showed other activities included quizzes, gentle exercises, visiting performers and trips out. The provider had their own adapted transport that made trips out accessible to people with limited mobility.

Improving care quality in response to complaints or concerns

● Systems were in place for dealing with complaints. There was a complaints procedure in place. This included timescales for responding to complaints received, and details of who people could complain to if they were not satisfied with the response from the service.

● People and relatives told us they knew how to make a complaint and that they had faith that any issues the raised wold be looked into. A relative said, "I could talk to any of the staff." Records showed that complaints received had been recorded and dealt with in line with the complaints procedure.

End of life care and support

● End of life care plans were in place for people which set out what support they wanted at the end of life stages of care. The service worked with other agencies to meet people's needs at that time and they were working towards the Gold Standard Framework for supporting people with dementia at the end of life.

● Do No Attempt Resuscitation forms were in place for some people where they had chosen this, or it was the result of a best interest decision where they lacked capacity. These forms had been signed by a GP.

Good

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had developed an open and inclusive culture at the service. People were involved in developing care plans. These were person centred to reflect the views of the person and to help deliver good outcomes for them.
- People, relatives and staff all spoke positively of the registered manager. A relative said, "They definitely know what they are doing, both [registered and deputy manager] are marvellous." A member of staff told us, "I have 100% faith in them. They are very good with the staff and the residents. I can't speak highly enough of them." Another staff member said of the atmosphere at the service, "It feels very homely, very warm, very friendly."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- Relatives told us they were kept informed about people, for example, if they were ill or had a fall. One relative said, "[Registered manager] is very good at calling if there are any problems."
- When accidents and incidents occurred, these were reviewed to promote learning about how to reduce the likelihood of similar events occurring in the future. Staff undertook regular training which helped to improve their knowledge and skills to provide improvements in the care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a registered manager in place, who was supported in the day to day running of the service by a deputy manager. The provider also regularly visited the service to provide support. A clear management structure was in place and staff knew who they were accountable to.
- The provider and registered manager were aware of their regulatory requirements. For example, appropriate insurance cover was in place and notifications of significant events had been sent to the Care Quality Commission. This was in line with their legal responsibility to do so.
- Systems were in place to monitor and improve the quality and safety at the service. For example, various audits were carried out. These included audits of health and safety practices, care plans and staff recruitment checks.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

● The provider carried out surveys of people, relatives and staff to gain their views on the running of the service. Surveys were completed annually. We viewed some of the most recent completed survey forms and found they contained mostly positive feedback.

● Staff told us the provider was a good employer in relation to equality and diversity. Policies were in place on these issues and we saw staff recruitment was carried out in line with good practice regarding equality and diversity.

● The provider worked with other agencies to develop and share good practice. For example, they were signed up to an organisation that staff could access if they were feeling stressed or anxious. The provider was affiliated to Skills for Care which provided training and support and they worked closely with the commissioning local authority.